

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SPN N 09/936303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5	2					
6	2					
7	1					
8	2					
9	2					
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TOTAL IND.	2					
TOTAL DEP.	2	1	1	1	1	1
TOTAL CLAIMS	2	1	1	1	1	1

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